Notification of Hazardous Waste Sita

United Ctates Env. onmental Protection

) 10460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 and musbein idled by June 9, 1981

Please type or proit in ink. If you need additional space, use separate sheets of paper Indicate the letter of the item 810609 which applies.

EPA Region 5 Records Ctr.

IL #112

1LS-000-001-403

Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name ABBOTT LABORATORIES 1400 SHERIDAN ROAD

City NORTH CHICAGO

State /LL. Zip or de 60064

В Site Location:

> Enter the complon name (if known) and actual location of the site

Former Abbott Disposal

LD 980606016

State ILL . Zip Cors . Co.

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form

SCHWARZ, DAVID - DIE, CORP. ENV. CONT.

937-8380

Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ender! at the site.

To Prea

Was: Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If iot know the general waste types or sources, you are encouraged to describe the site in Item (Description of Site

General Type of Waste:

Place an X in the appropriate boxes. The categories listed. over: Check each applicable category

Source of Waster

Place an X in the appropriate boxes

 Organics Inorganic

3 X Solvents

Pesticides

5 X Heavy metals

6 XAcids

Bases

r/CBs

→ Mixed Municipal Waste

ACTIVATED SLUDGE

10 Jeknown

11 XOther (Specify)

1 Construction

Textiles

Fertilizer

5 G Paper/Printing

6. 11 Leather Tinning

Iron Steel Foundry

8 D Chemical, General

9. Fill Plating Polishing

10 [] Military Ammunition

Electrical Conductors

12 (Transformers

13 **Utility Companies**

14 [3] Sanitary Refuse

Phetofinish

16 Lab Hospital

17. D Unknown

18 🗶 Other (Specify)

PHARMACEUTICAL

Option 2: This option is available to persons familiar with Resource Conservation and Recovery Act (RCRA) Sect 6 - 3001 regulations (40 CFR Part 261)

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous was to listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located

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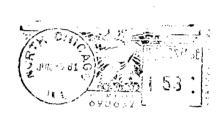
For a Approved OMB Sec. 2000/0138 FPS From Parky 1

	Notification of Hazardous Waste Site	Side Two							
1	Waste Quantity:	Facility Type	Total Facility Waste Amount						
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1 □ Piles	gallons UNKNOWN Total Facility Area						
	In the 'total facility waste amount' space	2 ☐ Land Treatment3 ★ Landfill							
	give the estimated combined quantity (volume) of hazardous wastes at the site	4 🗇 Tanks							
	using cubic feet or gallons.	5 ☐ Impoundment6. ☐ Underground Injection	square feet						
	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	7 Drums, Above Ground 8. Drums, Relow Ground 9. Other (Specify)	acres 15 A						
G									
	Place an X in the appropriate boxes to indicator likely releases of wastes to the environment	☐ Known 💢 Suspected ☐ Likely 🗅 None							
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.								
	FORMER ABBOT WATER U	USSD STORM STORM CHATER CHATER LARCON BRIN	DAHRINGER ROAD, E.J. & E RAILROAD NORTH SHORE SANITARY DISTRICT (NSSD) WALKEGAN TREATMENT PLANT						
	LAKE MICHIGAN								
•	Description of Site: (Optional) Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing Include such information as how waste was disposed and where the waste came from Provide any other information or comments which may help describe the site conditions. TO DISPOSE OF BY L. PROCESSING WASTE, FROM MANUFACTUZIA OPERATIONS OF THE NORTH CHICAGO, ILL.	IN 1971 FOR CONS. FACILITIES, THIS ABBOTT FOR SOME AND SPREADING, S AND EXCESS AS NG AND WASTEWA ABBOTT LABORATO	TEL TREATMENT						
J	Signature and Title: The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other"	Name Warris Vellule 777 DIRECTOR, CORP. E City State Signature	M Owner Book						

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RESPOND	ENT CONTACT RE	ECORD (RCR)	·			
PACILITY	ום אטאוופוז		COMPANY NAME	, ,, ,		
114	5000	001403	I	rtt I		
COMPANY	A VDDUE22		CITY		STATE ADDREV.	ZIP COD!
CONTACT	PERSON'S NAME/TI	TLE		•	TELEPHONE NUMBER (INC	LUDE ARLA CODE)
		:	· ·			
		••	CONTACT	RECORD .	·	
DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESO	LUTION	•		,
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CERTIFIED MAIL

No. 536320
RETURN RECEIPT REQUESTED
FEE PAID

US EPA Region 5 Sites Notification Chicago, Illinois 60604

CERTIFIED MAIL
RETURN RECEIPT REQUESTED